

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Application Serial No |
|---|
| Filing Date March 2, 2000 |
| Inventor Scott E. Moore et al. |
| Assignee Micron Technology, Inc. |
| Group Art Unit 3723 |
| Examiner T. Eley |
| Attorney's Docket No MI22-1246 |
| Title: "Semiconductor Processor Systems, A System Configured to Provide a |
| Semiconductor Workpiece Process Fluid (As Amended)" |

RESPONSE TO MARCH 7, 2001 OFFICE ACTION

To:

From:

Box Non-Fee Amendment
Assistant Commissioner for Patents
Washington, D.C. 20231

James D. Shaurette (Tel. 509-624-4276; Fax 509-838-3424)

Wells, St. John, Roberts, Gregory & Matkin P.S.

601 W. First Avenue, Suite 1300

Spokane, WA 99201-3828

Sir:

Responsive to the Office Action dated March 7, 2001, Applicants amend and remark as follows:

AMENDMENTS

In the Title

Please replace the title with the following: --SEMICONDUCTOR PROCESSOR SYSTEMS, A SYSTEM CONFIGURED TO PROVIDE A SEMICONDUCTOR WORKPIECE PROCESS FLUID--.

In the Claims

Please cancel claims 68-129 without prejudice.

Please type a plus sign (+) inside this box →

PTO/SB/21 (6-98)

Approved for use through 09/30/2000. OMB 0651-0031

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| valid OMB control number. | Application Number | 09/517,127 |
| TRANSMITTAL | Filing Date | March 2, 2000 |
| FORM (to be used for all correspondence after initial filing) | First Named Inventor | Scott E. Moore et al. |
| | Group Art Unit | 3723 |
| | Examiner Name | T. Eley |
| Total Number of Pages in This Submission | Attorney Docket Number | er MI22-1246 |
| FNCLC | SURES (check all that ap | After Allowance Communication |
| Fee Transmittal Form Fee Attached Drawin X Amendment / Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR | on Routing Slip (PTO/SB/69) Accompanying Petition on to Convert to a sisional Application er of Attorney, Revocation age of Correspondence ess minal Disclaimer all Entity Statement quest for Refund Required | Status Letter X Additional Enclosure(s) (please identify below): Return Postcard Receipt |
| 1.52 or 1.55 SIGNATURE OF A | PPLICANT, ATTORNEY, | OR AGENT |
| Firm or Individual name Signature Firm Or Individual name James D. Shaurette, Reg Wells, St. John, Roberts 3/20/0) | g. No. 39,833 s, Gregory & Matkin, | P.S. S |
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| I h reby certify that this correspondence is being nvelope addressed to: Assistant Commissioner | deposited with the United S for Patents, Washington, D. | C. 20231 on this date: 3-2/-8/ |
| Fixed or printed name Natalie King | | Pote 3-21-01 |
| Signature Signature | -lete Timawill | vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending to the care of the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the individual care vary depending upon the needs of the needs of the needs of the individual care vary depending upon the needs of the ne |

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